

COMBINED DECLARATION AND POWER OF ATTORNEY

I, **Binoy Appukuttan**, hereby declare that:

My residence, post office address and citizenship are as stated below next to my name. I believe I am the original, first and joint inventor, together with J. Timothy Stout, of the subject matter which is claimed and for which a patent is sought on the invention entitled, **Lentiviral Vector-Mediated Gene Transfer and Uses Thereof** the specification of which is attached hereto and is claiming benefit of priority under 35 U.S.C. 119(e) of provisional application USSN 60/256,701 filed December 19, 2000, now abandoned.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose all information I know to be material to patentability in accordance with Title 37, Code of Federal Regulations, §1.56(a).

I hereby appoint the following attorneys and/or agents to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: Dr. Benjamin Adler, Registration No. 35,423. Address all telephone calls to Dr. Benjamin Adler at telephone number 713/270-5391. Address correspondence to Dr. Benjamin Adler, ADLER & ASSOCIATES, 8011 Candle Lane, Houston, TX 77071.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patents issued thereon.

Full Name of Inventor: **Binoy Appukuttan**

Inventor's Signature: 

Date: 17th Dec 2007

Residence Address: 1115 SW Gibbs St., Portland, OR 97201

Citizen of: United States of America Great Britain

Post Office Address: 1115 SW Gibbs St., Portland, OR 97201

COMBINED DECLARATION AND POWER OF ATTORNEY

I, **J. Timothy Stout**, hereby declare that:

My residence, post office address and citizenship are as stated below next to my name, I believe I am the original, first and joint inventor, together with **Binoy Appukuttan**, of the subject matter which is claimed and for which a patent is sought on the invention entitled, **Lentiviral Vector-Mediated Gene Transfer and Uses Thereof** the specification of which is attached hereto and is claiming benefit of priority under 35 U.S.C. 119(e) of provisional application USSN 60/256,701 filed December 19, 2000, now abandoned.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose all information I know to be material to patentability in accordance with Title 37, Code of Federal Regulations, §1.56(a).

I hereby appoint the following attorneys and/or agents to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: Dr. Benjamin Adler, Registration No. 35,423. Address all telephone calls to Dr. Benjamin Adler at telephone number 713/270-5391. Address correspondence to Dr. Benjamin Adler, ADLER & ASSOCIATES, 8011 Candle Lane, Houston, TX 77071.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patents issued thereon.

Full Name of Inventor: J. Timothy Stout

Inventor's Signature:

Date:

Residence Address: 9143 NE McKenna, Portland, OR 97229

Citizen of: United States of America

Post Office Address: 9143 NE McKenna, Portland, OR 97229